

FILLED APR 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9872

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Brushers, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME AMANDA E. MILLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Winfield Miller 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 3 1859
 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Holmes Co., Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Samuel Miller
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Dandeman
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Miller

(b) Address Brushers, Mo.

17. (a) Burial (b) Date thereof Mar. 25 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brushers Cemetery

18. (a) Signature of funeral director Frederic P. Easley

(b) Address Brushers, Mo.

19. (a) April 9/41 (b) Spencer L. Greene
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
 (c) City or town Brushers, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25
 year 1941 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from March 21, 1941, to March 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) SBV

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3 While at work? (Specify type of place) (e) Means of injury _____

23. Signature N. F. Cornettable (M. D. or other) D.O.
 Address Brushers, Mo. Date signed 7-4-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 4-41-820

Date Filed APR 14 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Foster P. Easley

Licensed Embalmer No. 1146

P. O. Address Franklin Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.